## 2021 W-2 and Earnings Summary

Form W-2 W	/aç	ge and Ta	ах	Statement			
Copy C - For EMPLOY				5057			
This information is being furnished to the l to file a tax return, a negligence penalty or imposed on you if this income is taxable a	RS. If othe nd yo	f you are required r sanction may be ou fail to report it.		OMB No. 1545-0008 partment of Treasury - ernal Revenue Service			
Control 03102 VOR	E	00153	3				
Employer's name, address, and ZIP code							
AMENSYS INC							
860 HEBRON PARKWAY, SUITE 604 LEWISVILLE TX 75057							
LEWISVILLE IX	/ .	3037					
Employee's name, address, and ZIP code REVANTH VOODA	Λ.						
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BENTONVILLE A				1 203			
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67530.0	0	4186.86 4 Social security tax withheld					
3 Social security wages 67530.0	Λ	4 Social se	ecur	979.19			
5 Medicare wages and tips	-	6 Medicar	e ta	x withheld			
7 Social security tips		8 Allocated tips					
9		10 Depend	ent	care benefits			
11 Nonqualified plans		12a					
		12b					
13 Statutory Retirement Third-party sick pay	′	12c					
		12d					
Employee's social security no 882-96-0466	ο.	14					
Employer ID number (EIN)							
20-1672302							
15 St. Employer's state ID number 16 State wages, tips, etc. 17 State income ta							
AR 55412804-WHW							
KS 036201672302F-01							
18 Local wages, tips, etc.	19 Local income tax 20 Locality name						

	Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions	\$67,530.00 \$0.00 \$0.00 \$0.00	\$67,530.00 \$0.00 N/A \$0.00	\$67,530.00 \$0.00 N/A \$0.00
Less: Third Party Sick Pay	\$0.00	\$0.00	\$0.00
Less: Excess Wages	N/A	\$0.00	N/A
Total Reported Wages	\$67,530.00	\$67,530.00	\$67,530.00
	Fed Income	Social Security	Medicare
	Box 2 of W-2	Box 4 of W-2	Box 6 of W-2
Tax Withheld	\$7,844.16	\$4,186.86	\$979.19
	AR State Wages, Tips, etc.	KS State Wages, Tips, etc.	
	Box 16 of W-2	Box 16 of W-2	
Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay	\$12,750.00 \$0.00 \$0.00 \$0.00 \$0.00	\$54,780.00 \$0.00 \$0.00 \$0.00 \$0.00	
Total Reported Wages	\$12,750.00	\$54,780.00	

KS State Income Tax

Form W-2

Income Tax Return.

Employer's name, address, and ZIP code

Control 03102

Copy 2 — To Be Filed With

Employee's State, City, or Local

VORE

Box 17 of W-2

\$2,591.59

### REVANTH VOODA 2605 SE LANTERN ST APT 203 BENTONVILLE, AR 72712

Tax Withheld

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

AR State Income Tax

Box 17 of W-2

\$0.00

#### **Wage and Tax Statement** Form W-2 5057 Copy B — To Be Filed With OMB No. 1545-0008 Department of Treasury -Internal Revenue Service Employee's FEDERAL Tax Return. This information is being furnished to the IRS. Control 03102 VORE 00153 Employer's name, address, and ZIP code AMENSYS INC 860 HEBRON PARKWAY, SUITE 604 LEWISVILLE TX 75057 REVANTH VOODA 2605 SE LANTERN ST APT 203 BENTONVILLE AR 72712 7844.16 67530.00 Wages, tips, other comp. 2 Federal income tax withheld 67530.00 4186.86 3 Social security wages 4 Social security tax withheld 979.19 67530.00 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a 12b 13 Statutory Retirement plan 12c 12d Employee's social security no. 882-96-0466 Employer ID number (EIN) 20-1672302 15 St. Employer's state ID number 16 State wages, tips, etc. 17 State income tax AR 55412804-WHW 12750.00 0.00 2591.59 KS 036201672302F-01 54780.00 20 Locality name 18 Local wages, tips, etc.

Copy 2 — To Be Filed V	Vith		ax :	Statement 2021 OMB No. 1545-0008		
Employee's State, City, or Local OMB No. 1545-0008 Income Tax Return.  OMB No. 1545-0008 Department of Treasury-Internal Revenue Service						
Control 03102 VORI	ď	0015		and Hoveride Corvice		
Employer's name, address, and ZIP code AMENSYS INC 860 HEBRON PARKWAY, SUITE 604 LEWISVILLE TX 75057						
Employee's name, address, and ZIP code REVANTH VOODA 2605 SE LANTERN ST APT 203 BENTONVILLE AR 72712						
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67530.0 3 Social security wages	- 1	4186.86 4 Social security tax withheld				
67530.0 5 Medicare wages and tips		979.19 6 Medicare tax withheld				
7 Social security tips	-	8 Allocated tips				
9	1	<b>0</b> Depend	lent (	care benefits		
11 Nonqualified plans	1	2a				
		2b				
13 Statutory Retirement Third-party sick pay	L	2c				
		2d				
Employee's social security no 882-96-0466	0.  1	4				
Employer ID number (EIN) 20-1672302						
15 St. Employer's state ID number	ate wages, tips	s, etc.	17 State income tax			
AR 55412804-WHW	1	12750.00 0.00				
KS 036201672302F-01	_	4780.0		2591.59		
18 Local wages, tips, etc.	19 Local income tax 20 Locality nar					

AMENSYS INC							
860 HEBRON PARKWAY, SUITE 604 LEWISVILLE TX 75057							
Employee's name, address, and ZIP code REVANTH VOODA 2605 SE LANTERN ST APT 203 BENTONVILLE AR 72712							
67530.00 7844.16  1 Wages, tips, other comp. 2 Federal income tax withheld							
67530.0 3 Social security wages	0 4186.86 4 Social security tax withheld						
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13 Statutory Retirement Third-party sick pay	12c						
Employee's social security no 882-96-0466	10. 14						
Employer ID number (EIN) 20-1672302							
15 st. Employer's state ID number AR 55412804-WHW KS 036201672302F-01	16 State wages, tips, etc. 17 State income tax 12750.00 0.00 54780.00 2591.59						
18 Local wages, tips, etc.	19 Local income tax 20 Locality name						

Wage and Tax Statement

00153

5057

OMB No. 1545-0008 Department of Treasury -Internal Revenue Service

1 PYW2

N/A

### 2021 W-2 and Earnings Summary

Form W-2 W	/aç	ge and Ta	ax :	Statement			
Copy C - For EMPLOY	YEE	'S RECOR	DS	5057			
This information is being furnished to the l to file a tax return, a negligence penalty or imposed on you if this income is taxable a	othe	r sanction may be		OMB No. 1545-0008 partment of Treasury - irnal Revenue Service			
Control 03102 VORE 00154							
Employer's name, address, and ZIP code							
AMENSYS INC							
860 HEBRON PARKWAY, SUITE 604 LEWISVILLE TX 75057							
LEWISVILLE TX	/:	5057					
Employee's name, address, and ZIP code REVANTH VOOD	7						
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1 Wages, tips, other comp.		2 Federal i	ncor	ne tax withheld			
3 Social security wages		4 Social security tax withheld					
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5 Medicare wages and tips		6 Medicar	e ta	x withheld			
7 Social security tips		8 Allocate	d tip	os			
9		10 Dependent care benefits					
		·					
11 Nonqualified plans		12a					
		12b					
13 Statutory Retirement Third-party sick pay	′	12c					
		12d					
Employee's social security no 882-96-0466	0.	14					
Employer ID number (EIN)							
20-1672302							
15 St. Employer's state ID number	State wages, tips	, etc.	17 State income tax				
MI 20-1672302	1	L2750.0	0 0	541.88			
10	10			20			
18 Local wages, tips, etc.	19	Local income tax		20 Locality name			

Wages, Tips, Other Comp. **Social Security Wages** Medicare Wages and Tips Box 5 of W-2 Box 3 of W-2

Box 1 of W-2

Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay

Less: Excess Wages

N/A **Total Reported Wages** 

> Fed Income **Social Security** Medicare Box 2 of W-2 Box 4 of W-2 Box 6 of W-2

\$0.00

Tax Withheld

MI State Wages, Tips, etc. Box 16 of W-2

Gross Pay Less: Non-Taxable Earnings Less: Retirement Deductions Less: Other Pre-tax Deductions Less: Third Party Sick Pay \$12,750,00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 **Total Reported Wages** \$12,750.00

> MI State Income Tax Box 17 of W-2

**Tax Withheld** \$541.88

# REVANTH VOODA 2605 SE LANTERN ST APT 203 BENTONVILLE, AR 72712

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

Form W-2

Income Tax Return.

Copy 2 — To Be Filed With

Employee's State, City, or Local

#### **Wage and Tax Statement** Form W-2 5057 Copy B — To Be Filed With OMB No. 1545-0008 Department of Treasury -Internal Revenue Service Employee's FEDERAL Tax Return. This information is being furnished to the IRS. Control 03102 VORE 00154 Employer's name, address, and ZIP code AMENSYS INC 860 HEBRON PARKWAY, SUITE 604 LEWISVILLE TX 75057

lovee's name, address, and ZIP code REVANTH VOODA 2605 SE LANTERN ST APT 203 BENTONVILLE AR 72712

1	Wages, tips, other comp.					2 Federal income tax withheld				
3	Social s	security w	ages		4 Social security tax withheld					
5	Medica	re wages	and tips	;	6	Medicar	e ta	x withheld		
7	7 Social security tips			8	Allocate	d tip	os			
9					10 Dependent care benefits			care benefits		
11	Nonqua	alified plan	ıs		12a					
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Employer ID number (EIN) 20-1672302										
15 St. Employer's state ID number 16				16	6 State wages, tips, etc. 17 State income tax					
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18	Local wage	ıs, tips, etc.		19	Local income tax			20 Locality name		

Form W-2 Wage and Tax Statement							
Copy 2 - To Be Filed V	th	5057					
Employee's State, City, or	ocal OMB	No. 1545-0008					
Income Tax Return.  Department of Treasury - Internal Revenue Service							
Control 03102 VORI	Control 03100 TYODE 001E4						
Employer's name, address, and ZIP code AMENSYS INC 860 HEBRON PARKWAY, SUITE 604 LEWISVILLE TX 75057							
Employee's name, address, and ZIP code REVANTH VOODA 2605 SE LANTERN ST APT 203 BENTONVILLE AR 72712							
1 Wages, tips, other comp.	2 Federal income to	ax withheld					
3 Social security wages	4 Social security to	4 Social security tax withheld					
5 Medicare wages and tips	6 Medicare tax wi	thheld					
7 Social security tips	8 Allocated tips						
9	10 Dependent care	benefits					
11 Nonqualified plans	12a						
	12b						
13 Statutory Retirement Third-party sick pay	12c						
l l l l	12d						
Employee's social security no 882-96-0466	14						
Employer ID number (EIN) 20-1672302							
15 St. Employer's state ID number MI 20-1672302	· I I I I I I I I I I I I I I I I I I I						
18 Local wages, tips, etc.	9 Local income tax 20	Locality name					

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	Employer's name, address, and ZIP code									
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8	860 HEBRON PARKWAY, SUITE 604							604		
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3	Socia	ıl s	ecurity w	ages		4	Social se	ecur	ity ta	x withheld
5 Medicare wages and tips				;	6 Medicare tax withheld					
7 Social security tips				8 Allocated tips						
9 10 [					10 Dependent care benefits					
11	Nong	ua	lified plar	ns		12a				
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	employe	e	plan	sick pay		12	-			
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18	Local wa	ages	s, tips, etc.		19	Local income tax 20 Locality name			ocality name	
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Wage and Tax Statement

5057

OMB No. 1545-0008 Department of Treasury -Internal Revenue Service

# Notice to Employee Do you have to file? Refer to

Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2021 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2021 or if income is earned for services provided while you were an inmate at a penal institution. For 2021 income limits and more information, visit www. irs.gov/EITC. See also Pub. 596, Earned Income

Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and SSA.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected

Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2021 and more than \$8,853.60 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,203.80 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

### Instructions for Employee

**Box 1.** Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

**Box 5.** You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

(Instructions for Employee continued on back of Copy 2.)

# **Instructions for Employee** (Continued from back of Copy B.)

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total

of \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A**—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

**B**—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

**C**—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

**D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

**G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

**H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct.

 $\mathbf{J}-$ Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K-20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

(Instructions for Employee continued on back of Copy C.)

# **Instructions for Employee** (Continued from back of Copy 2.)

Box 12. (continued)

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

**P**—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

**Q**—Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R-Employer contributions to your Archer MSA.
Report on Form 8853, Archer MSAs and Long-Term
Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1).
Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social

security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

**W**—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.

**AA**—Designated Roth contributions under a section 401(k) plan

**BB**—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage.
The amount reported with code DD is not taxable.

**EE**— Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**FF**—Permitted benefits under a qualified small employer health reimbursement arrangement

**GG**—Income from qualified equity grants under section 83(i)

**HH**—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

(See also Notice to Employee on back of Copy B.)